

## Bookshare Individual Membership Proof of Disability Form



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Please fill out this form completely and return it to Bookshare® with an original signature from someone who qualifies as a Competent Authority (instructions below).

This form must be received before members can download copyrighted books from Bookshare. Written proof of disability is one of the requirements that enables Bookshare to provide access to copyrighted materials to individuals with print disabilities as defined in the U.S. federal copyright law provision (17 U.S.C. § 121) and in our contracts with authors or publishers who have provided original digital files. We will notify you by email after we receive your form.

**Note: you also need to complete the registration process**, if you have not already done so. If over 18, the online process includes consenting to the Bookshare Member Agreement. If under 18, the Bookshare Member Agreement must be signed by your parent or guardian and returned to us. This information will only be used in compliance with the terms of our Privacy Policy as explained on the Bookshare web site.

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## Instructions

**Step 1:** Fill out the identifying information about yourself.

**Step 2:** Proof of Disability

Have the Proof of Disability section filled in and signed by a qualified professional in the field of disabilities services, education, medicine or psychology. This professional must be a recognized expert who attests to the physical basis of the visual, perceptual, or other physical disability that limits the applicant's use of standard print.

**Appropriate competent authorities may differ for different disabilities.** In the case of blindness and visual impairments, an appropriate certifier may be a physician, ophthalmologist, or optometrist; in the case of a perceptual disability, a neurologist, learning disability specialist (a teacher with this type of certification is an example), or psychologist with a background in disabilities may be the most qualified competent authority. A social worker with direct knowledge of your circumstances or a federal or state agency that maintains registries of qualified people with disabilities for benefits purposes may provide certification. If you are a college or university student, your school's Disability Student Services staff may provide certification.

**Step 3:** Please email this form to Bookshare as an attachment. If it cannot be emailed, you may also fax or mail the form.

[membership@bookshare.org](mailto:membership@bookshare.org)

-- OR --

FAX: +1 (650) 475-1066

MAIL: Bookshare  
480 South California Ave, Suite 201  
Palo Alto, CA 94306-1609  
USA

Please contact us with questions: <http://www.bookshare.org/contactUs>

**Step 1 – Identifying Information**

All fields are required. Please type or print.

**Member Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name of parent or guardian if under 18:** \_\_\_\_\_

**Step 2 – Proof of Disability**

**To be filled out by Competent Authority** (please type or print)

Please place an “x” next to any that apply for the above applicant:

\_\_\_\_ Visual impairment that prevents effective reading of standard print (blind, legally blind, or with other functional vision limitations).

\_\_\_\_ Severe learning disability that prevents effective reading of standard print.

\_\_\_\_ Physical disability that prevents reading print or using a print book.

**Competent Authority’s Information:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I attest, under penalty of perjury, to the physical basis of the visual, perceptual or other physical disability limiting the applicant’s ability to effectively use standard print, and that I have the professional qualifications to make such a certification and/or have legal access through my organization to existing written documentation attesting to this fact.

Signature:

Date: